

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/25/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2011	
NAME OF PROVIDER OR SUPPLIER MORNING POINTE OF FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP CODE 75 SOUTH MILFORD DRIVE FRANKLIN, IN46131			
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: June 21, 22, & 23, 2011.</p> <p>Facility Number: 002858 Provider Number: 002858 AIM Number: N/A</p> <p>Survey Team: Karina Gates, BHS TC Patti Allen, BSW Barbara Hughes, RN Leia Alley, RN Marcy Smith, RN</p> <p>Census Bed Type: Residential: 54 Total: 54</p> <p>Census Payor Type: Other: 54 Total: 54</p> <p>Sample: 8</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on June 27, 2011 by Bev Faulkner, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0121	<p>(f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following:</p> <p>(1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis.</p> <p>(2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.</p> <p>(3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings.</p> <p>(4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work until tuberculosis is ruled out.</p>						

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	<p>Based on interview and record review, the facility failed to ensure volunteers at the facility were screened for tuberculosis for 19 of 19 volunteers at the facility who have contact with residents.</p> <p>Findings include:</p> <p>During interview with the Executive Director and Life Enrichment Director on 6/22/11 at 9:45 a.m., the Life Enrichment Director indicated some volunteers are church members. Some go on outings with the residents and help load residents into the van.</p> <p>The Executive Director indicated volunteers at the facility consist of a lot of family members of residents who pitch in and help. Some come to the facility to do devotions with the residents. Some volunteers help serve food.</p> <p>When queried about whether volunteers were required to have tuberculosis testing done, the Executive Director stated "No". When queried about the policy for volunteering at the facility, the Administrator indicated there is no policy for volunteering at the facility.</p> <p>On 6/23/11 at 10:55 a.m., the Executive Director provided a list of 19 volunteers at</p>			R0121	<p>It is the practice of Morning Pointe to complete a health screen for each employee prior to resident contact. This screen includes a tuberculin skin test. All employees have been appropriately screened for health issues which include the mantoux method (5TU, PPD) as specified in R121. A Policy and Procedure was developed to include volunteer health screens. All volunteers will be screened for health issues including the Mantoux method (5TU, PPD) as specified in R121 prior to volunteering. All residents who come into contact with volunteers had the potential to be affected. All volunteers will be required to receive the tuberculosis screen as required for non-paid personnel prior to volunteering per newly developed policy and procedure. The current volunteers will receive the tuberculin screen and the screening documentation will be maintained by the Life Enrichment Director. The Life Enrichment Director or designee will audit a random sample of 50% of the volunteer records for the tuberculin screen on a monthly basis for 3 months to confirm compliance. Thereafter, a random sample of 50% of volunteer records will be audited quarterly. The audits will be forwarded to the performance improvement committee for further review and</p>		07/15/2011

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R0241	<p>the facility and indicated they have contact with residents.</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on record review and interview, the facility failed to ensure a medication was provided as ordered by the physician for 1 of 5 residents reviewed for medication administration in a sample of 8. (Resident #48)</p> <p>Findings include:</p> <p>The record of Resident #48 was reviewed on 6/21/11 at 11:00 a.m.</p> <p>Diagnoses for the resident included, but were not limited to, dementia, anxiety, diabetes mellitus and arteriosclerotic heart disease.</p>			R0241	<p>recommendations.</p> <p>It is the practice of Morning Pointe to administer medication as ordered by the resident's physician and is supervised by a licensed nurse or licensed qualified medication aide. The Lantern resident that was affected had the medication administration record (MAR) corrected immediately and the pharmacy was notified to correct the MAR for subsequent months.All Lantern residents' MARs were reviewed for accuracy. No other errors were identified.All MARs will be reviewed by a nurse to ensure accuracy. A second nurse will randomly audit MARs for accuracy.As the medication administration records arrive from the pharmacy, one nurse is</p>		07/07/2011

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	<p>Resident #48 returned to the facility on 5/21/11 after a hospitalization. A discharge medication order from the hospital, dated 5/21/11, indicated he was supposed to receive Timolol eye drops, 1 drop in each eye, at bedtime. The Medication Administration Record (MAR) for May, 2011, indicated he received the eye drops 5/21/11 through 5/30/11.</p> <p>Recapitulated physician's orders for June, 2011, did not include the order for the Timolol eye drops. There was no documentation the record to indicate the order had been discontinued. The MAR for June, 2011 did not indicate the resident received the eye drops.</p> <p>During an interview with the Executive Director on 6/22/11 at 10:00 a.m., she indicated the order for the eye drops did not transfer to the June recapitulated physician's orders or the June MAR and the resident did not receive the eye drops as ordered.</p>		assigned to review all records for accuracy. Upon completion, these MARs will be reviewed by the second nurse who will randomly select 50-75% of the records to confirm accuracy. Any errors identified will be corrected prior to use of the MAR. This is an ongoing process. The results of the audits will be forwarded to the performance improvement committee for further review and recommendation.		

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R0407	<p>(b) The facility must establish an infection control program that includes the following:</p> <p>(1) A system that enables the facility to analyze patterns of known infectious symptoms.</p> <p>(2) Provides orientation and in-service education on infection prevention and control, including universal precautions.</p> <p>(3) Offering health information to residents, including, but not limited to, infection transmission and immunizations.</p> <p>(4) Reporting communicable disease to public health authorities.</p> <p>Based on interview and record review, the facility failed to have a system for tracking and analyzing patterns of infections. This potentially affected all facility residents.</p> <p>Findings include:</p> <p>On 6/21/11 at 10:30 a.m., the infection control policy was reviewed. A system for tracking infections in the facility could not be found.</p> <p>During interview with the Executive Director on 6/23/11 at 9:10 a.m., the Executive Director indicated the facility has not had a system for tracking infections in the past, but would have one moving forward.</p>		R0407	<p>It is the practice of Morning Pointe to establish an infection control program that includes a system that enables the facility to analyze patterns of known infectious symptoms, provide orientation and in-service education on infection prevention and control, offer health information to residents and report communicable disease to public health authorities. A formal tracking system has been developed to track and analyze patterns of infection. All residents had the potential to be affected. A policy and procedure for tracking and analyzing patterns of infection was developed. Please refer to attachments for policy and tracking log. The policy and procedure for tracking and analyzing patterns of infection was implemented on 7-1-2011. The tracking of infections by the nursing staff is to be completed with occurrence and forwarded to the Resident</p>		07/01/2011	

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					Services Director monthly or sooner if trends appear. Any infectious outbreaks that, by policy, are to be reported, will be communicated by the Executive Director or designee. The performance improvement committee will review the infection tracking documents for review and recommendation.		